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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

NEW UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket Number 61660-08127
		First Named Inventor Wolfgang S. Hammersmith
		Title CRYPTOGRAPHIC KEY DISTRIBUTION USING KEY UNFOLDING
		Express Mail Label No. EV 338300997 US

21210 US PTO
10/624658
07/21/03

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="28"/> (preferred arrangement set forth below) ■ Descriptive Title of the Invention ■ Cross Reference(s) to Related Case(s) ■ Statement Regarding Fed sponsored R & D ■ Background of the Invention ■ Brief Summary of the Invention ■ Brief Description of the Drawing(s) ■ Detailed Description ■ Claim or Claims ■ Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="2"/> 5. Combined Declaration and Power of Attorney a. <input checked="" type="checkbox"/> New Declaration Total Pages <input type="text" value="4"/> <input type="checkbox"/> Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 9. <input type="checkbox"/> Power of Attorney or Authorization of Agent 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement 11. <input type="checkbox"/> Preliminary Amendment 12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Citation(s) 13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 14. <input checked="" type="checkbox"/> Return Postcard 15. <input type="checkbox"/> _____ 16. <input type="checkbox"/> _____ 17. <input type="checkbox"/> _____	

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____/not yet known

Prior application information: Examiner: _____ Group/Art Unit: _____ not yet known

For **CONTINUATION OR DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number

00758

Name (Print/Type)	Edward J. Radio	Registration No. (Attorney/Agent)	26,793
Signature			Date <input type="text" value="July 21, 2003"/>

61660/01000/DOCS/1364620.1

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **375.00**

TOTAL AMOUNT OF PAYMENT **(\$)** **375.00** **Attorney Docket No.** **61660-08127**

METHOD OF PAYMENT (check all that apply)

FEE CALCULATION (continued)

A check in the amount of \$375.00 is enclosed
 Payment Account

<input checked="" type="checkbox"/> Deposit Account.	
Deposit Account Number	19-2555
Deposit Account Name	Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge the fee(s) indicated below, except for the filing fee to the above-identified deposit account.

3. ADDITIONAL FEES

Deposit Account Number		19-2555		Large Entity		Small Entity		Fee Description		Fee Paid	
Deposit Account Name		Fenwick & West LLP		Fee Code	Fee (\$)	Fee Code	Fee (\$)				
The Commissioner is authorized to: (check all that apply)											
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Credit any overpayments						Surcharge - late filing fee or oath			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application								Surcharge - late provisional filing fee or cover sheet			
<input type="checkbox"/> Charge the fee(s) indicated below, except for the filing fee to the above-identified deposit account.								Non-English specification			
FEE CALCULATION											
1. BASIC FILING FEE											
Large Entity		Small Entity		Fee Description		Fee Paid					
Fee Code	Fee (\$)	Fee Code	Fee (\$)								
1001	750	2001	375	Utility filing fee		375					
1002	330	2002	165	Design filing fee							
1003	520	2003	260	Plant filing fee							
1004	750	2004	375	Reissue filing fee							
1005	160	2005	80	Provisional filing fee							
SUBTOTAL (1)		(\$)		375							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE											
Total Claims		Extra Claims		Fee from below		Fee Paid					
Independent Claims		20 -20** = 0		x 9		= 0					
Multiple Dependent		3 -3** = 0		x 42		= 0					
Large Entity		Small Entity		Fee Description							
Fee Code	Fee (\$)	Fee Code	Fee (\$)								
1202	18	2202	9	Claims in excess of 20							
1201	84	2201	42	Independent claims in excess of 3							
1203	280	2203	140	Multiple dependent claim, if not paid							
1204	84	2204	42	**Reissue independent claims over original patent							
1205.	18	2205	9	**Reissue claims in excess of 20							
Other fee (specify) _____											

and over original patent

CHARGEABLE (\$):

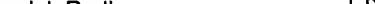
****or number previously paid, if greater; For Reissues, see above**

•Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Edward J. Radio	Registrant (Attorney)
	

Date

July 21, 2003